Born in Cleveland ☐ YES ☒ NO

THE CLEVELAND MUSEUM OF ART
FORTY-FIFTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE
MAY 8 to JUNE 16, 1963

PLEASE LETTER PLAINLY OR TYPE

Collaborator if any _____ Artist KAREN (FIRST NAME) SWANSON (LAST NAME)

Address 1810 KEMERY RD. (NO. STREET) AKRON 13 (CITY, ZONE) - Summit (COUNTY) Tel. MO 6-5724

Out-of-town residents should state whether return shipment is required. ☐ YES ☒ NO

Please enclose Registration Fee of $2.00 (Check or Money Order) with Entry Blank..

NUMBER FOR SALE	NUMBER IN EDITION (Graphic Prts.)	PRICE	TITLE	MEDIUM	CLASS	DO NOT WRITE IN THESE COLUMNS	
1		$75.00	The Coming Forth of Spring	~~Linen & Hair~~ Weaving	8	511	RV
1		$25.00	Continuity in Space	Weaving	8	512	RV
1		$40.00	And It Grew	Weaving	8	513	RV
			all three wall hangings				
			D.C. yardage				
	Are you		~~woven pieces of material?~~				
	if so		how undivided each	piece	we count		
	↓	how	much is the price per yard				

SUBMIT ENTRY BLANK NO LATER THAN MARCH 11, 1963.

Use second blank if required

IMPORTANT

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Mrs. Karen Swanson
SIGNATURE

REC'D MAR 6 1963